



State of Connecticut

**Nursing Facilities Diversification
Program**

*Department of Economic and Community
Development*

Catherine H. Smith, Commissioner

Department of Social Services

Roderick L. Bremby, Commissioner

- A. **Qualified Development Team Contact Information:** Provide information identifying the proposed qualified development team members (form provided). Provide descriptions of relevant experience and qualifications for each team member including projects they have completed in the past which are similar to the proposed project, include resumes for all development team members. Submit as Attachment # A-1. Disclose any current or previous litigation for development team members as Attachment # A-2.
- B. **Description of Requested Capital Improvement Work:** Describe the physical alterations to be made and how the size and scope of the project supports the overall program objectives. Submit as Attachment # B.
- C. **Comprehensive Capital Needs Assessment:** If existing building or part of an existing building is being utilized, is there a Comprehensive Capital Needs Assessment for this building that was prepared or updated within the last year? Yes _____ No _____
- If yes, please submit as Attachment # C.
- D. **Site and Building Report:** Please submit site and building information (form provided). **Because scores are based in part on the project's readiness to proceed, please be sure to include all applicable/available information requested in Section 8 – "Supporting Documentation" and submit as Attachment # D-1.**
- E. **Structural Report:** If available, submit as Attachment # E.
- F. **Project Cost Estimate:** Complete the DECD Project Budget and Financing Plan (form provided).
- G. **Sources of Funds:** List all proposed sources for financing (form provided). Provide terms and repayment provisions and any letters of commitment that you have at this time and submit as Attachment # G-1. Funding commitments for all funding sources are not required at the time of application and DECD may issue a non-binding letter of financing interest without funding commitments. However, applications are scored based on the level of commitment from other sources.
- H. **Evidence of Site Control:** Provide evidence that the site is under the respondent's direct control such as a deed of ownership or a valid purchase option agreement with a minimum of nine (9) months remaining. Include evidence as Attachment # H.
- I. **Hazardous Materials:** Check applicable box below if there been any environmental studies or remediation on the property? If yes, provide further information as Attachments #'s I-1 through I-4.

I-1	Phase I	
I-2	Phase II	
I-3	Phase III	
I-4	Remediation	

NOTE: In order for an environmental study (s) to be accepted by DECD, it must have been prepared by a licensed Connecticut Environmental Professional. Reports may need to be updated if older than one year.

- J. Construction Documents Status:** At a minimum, please provide Outline Specifications (form provided). If you have further design documents please specify and submit as Attachment J. Consult DECD Supplemental General Conditions and DECD Design Standards for additional information.
- K. Anti-Displacement Certification:** Relocation of existing tenants is **not** permitted under this program. All applicants must complete the Sworn Certification of Non-Displacement (form provided).
- L. Plan of Stability of Operations:** Adult Family Living Center only - Applications are scored based on steps to be taken regarding rent structures, deposits to reserves to address future capital needs, reduction in operating expenses, etc. Attach Rent and Utility Allowance Schedule for each Adult Family Living Center (form provided). Provide a narrative operational plan demonstrating (a) how this housing will operate (b) eligibility requirements and resident selection and (c) how housing will remain affordable for a minimum of 15 years. Submit as Attachment # L-1. Attach Year 1 Income Plan (form provided). Attach Year 1 Expense Plan (form provided). In addition, attach a 15 year Operating Pro-forma as Attachment # L-4.
- M. Plan of Stability of Operations:** New businesses only – Submit a 10-Year Cash Flow Projection as Attachment # M.
- N. Development Timeline:** Applications are scored based on the project's readiness to proceed (form provided).

DECD WILL REQUIRE SUCCESSFUL RESPONDENTS TO SUBMIT FURTHER DOCUMENTATION TO ASSURE THE PROJECT FEASIBILITY INCLUDING BUT NOT LIMITED TO SUBMISSION OF ENVIRONMENTAL PHASE 1 AND HAZARDOUS MATERIAL TESTING AND PLAN OF REMEDIATION, IF WARRANTED, FINAL PLANS AND SPECIFICATIONS, PROOF OF COMPETITIVE BIDDING, GENERAL CONTRACTOR'S INSURANCE AND BONDING, AND PERIODIC NARRATIVE AND FINANCIAL STATUS REPORTS.

CERTIFICATIONS

Use of Funds

The undersigned understands that funding resulting from this application is one-time in nature and that there is no obligation for additional funding from the Department of Economic and Community Development and/or its successor agency. In addition, the undersigned agrees that any funds that may be provided pursuant to this application be utilized exclusively for the purposes represented in this application, as may be amended and accepted by the Department of Economic and Community Development and/or its successor agency.

References

The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Environmental Protection, and other references are hereby authorized now, or anytime in the future, to give the Department of Economic and Community Development and/or its successor agency. Any and all information in connection with matters referred to in this application, including information concerning the payment of taxes by the Applicant and any Co-Sponsor.

False Statement

The undersigned understands that the Department of Economic and Community Development and/or its successor agency will rely on the information in this application and that, if the application is approved, ***any deliberate omissions, misrepresentations and/or incorrect statements in this application may result in withdrawal of the application*** from the review process at the Department of Economic and Community Development's and/or its successor agency's discretion. The undersigned understands that he/she may be prosecuted for false statement under the laws of the State of Connecticut under Section 53a-157 of the General Statutes, as amended from time to time, for any false statement made herein.

Authorization

The undersigned has been duly authorized by resolution of the Applicant's governing body to submit the attached in its name and knows of no reason why the Applicant cannot complete the project in accordance with the representations contained herein. It is further understood and agreed that the undersigned is under a continuing obligation to inform the Department of Economic and Community Development and/or its successor agency in writing of any corrections, omissions or material changes in this application and its exhibits.

Applicant Signature

Date

Co-Sponsor Signature

Date